

COURSE APPLICATION CERTIFIED FIRST RESPONDER AND/OR CERTIFIED FIRST RESPONDER RECERT

SPONSORED BY:
ERIE COUNTY DEPARTMENT OF HEALTH – EMERGENCY MEDICAL SERVICES DIVISION

1. Fill out the application on the reverse side of this page.
2. If you are **NOT** a member of a Fire/Ambulance Agency or an employee of a Municipal EMS Service **THERE IS A FEE FOR THE COURSE**. Enclose a **MONEY ORDER OR CERTIFIED CHECK** (Payable to the Erie County Health Department) for the full amount, dated the day the course starts, and enclose it with your application.

Original Certified First Responder	=	\$260.00
Certified First Responder Recert	=	\$145.00
3. Be sure to indicate the course you wish to enroll in by checking the corresponding box on the application.
4. **PLEASE DO NOT CALL THE EMS OFFICE TO VERIFY ENROLLMENT!** You will be contacted prior to the start of class ONLY if the course you select has been filled and you are to be reassigned to a second choice.
5. Please submit your application as soon as possible. Courses that reach full enrollment prior to the deadline will be closed.
6. If you have any questions, please call the EMS office at 681-6070.

Original #	Recert #	LOCATION	DAYS	DATES	TIMES
O321	R321	CLEVELAND HILL FIRE CO	Monday	1/24/05-6/16/05	7pm – 10pm
O322	R322	GETZVILLE FIRE CO	SATURDAY	1/8/05-3/17/05	9am - 3pm

****ALL NYS FINAL WRITTEN EXAMS TEST ON THURSDAYS AT 7 PM****

CHECK OUR WEB SITE FOR UPDATES:<http://www.erie.gov/>

DEADLINE FOR APPLICATIONS IS JANUARY 7, 2005

RETURN APPLICATIONS TO:

Emergency Medical Services
3359 Broadway
Cheektowaga, New York 14227

OR FAX TO: 681-5256

FIRST RESPONDER ORIGINAL & RECERT COURSE APPLICATION

FAX 681-5256

PLEASE PRINT OR TYPE

NAME			
ADDRESS			
CITY, STATE, ZIP			
HOME PHONE			
WORK PHONE			
YOUR AGENCY		AGENCY #	

SELECT A COURSE

ORIGINAL ☐ **O321** ☐ **O322**
RECERT ☐ **R321** ☐ **R322**

I understand that:

1. Successful completion of the course requires attendance at all sessions and achievement of a passing grade.
2. Purchasing the *Brady First Responder 7th Edition* textbook is my responsibility. The approximate cost of the textbook is \$60.00.
3. EMS work is strenuous. The CFR course will require me to physically exert myself. I will consult my physician if I have any doubts about my ability to perform these tasks.

APPLICANT'S SIGNATURE & DATE	
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RETURN TO THE EMERGENCY MEDICAL SERVICES OFFICE NO LATER THAN JANUARY 7, 2005

Emergency Medical Services Providers active on EMS units or employees of municipal EMS services are entitled to take tuition free courses. It is the responsibility of the student to provide the completed NYS Verification of Membership Form as proof of participation in an agency with a NYS EMS Agency Code. (Verification of Membership Forms will be available from the Instructor/Coordinator). Those students who do not provide Verification of Membership will be billed tuition for the training course. Failure to pay the tuition will result in dismissal from the course.

Upon receipt of this application by the EMS office, the student will be notified ONLY if there are changes in scheduling or the enrollment is closed.

ENROLLMENT PROCEDURES REQUIRE THAT YOU BE PRESENT AT THE FIRST CLASS

(FIRST RESPONDER COURSE APPLICATION (Kg))